

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445486	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/15/2019
NAME OF PROVIDER OR SUPPLIER STONERIDGE HEALTH CARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5121 GREER ROAD GOODLETTSVILLE, TN 37072		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>A follow up to the plan of correction for a recertification survey was completed on 7/15/19 to 7/15/19 at Stoneridge Health Care, LLC. No deficiencies were cited related to the follow up to the plan of correction investigation under 42 CFR PART 483, Requirements for Long Term Care Facilities.</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>#2 HLTH</i>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445486	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/30/2019
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F 758 SS=D	<p>Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended</p>	F 758	<p>This Plan of Correction is submitted as required under State and Federal Law. The submission of this plan does not constitute an admission on the part of StoneRidge Health Care, LLC as to accuracy of the findings nor does it constitute any of the deficiencies cited as correctly applied.</p> <p>Any changes to StoneRidge Health Care LLC's Policies and Procedures should be considered to be subsequent remedial measures as that concept is employed in the Rule 407 of the Federal Rules of Evidence and any corresponding State Rule of any proceeding on that basis.</p> <p>The Facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the facility or any employee, agent, officer, or director of the Facility.</p> <p>On May 29, 2019 the Geri Psychiatric Nurse Practitioner wrote a 14-day prescription for resident #83 per the facility policy. Resident #83's medications were reviewed by the Director of Nursing and there were no problems identified.</p> <p>On June 29, 2019 the Director of Nursing (DON) completed an audit of all residents with PRN Psychotropic medications, "Stop orders" were in place and no other problems were identified.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

6/21/19

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RECEIVED

6/28/19

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F 758	<p>Continued From page 1</p> <p>beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility policy review, medical record review, and interview the facility failed to have a 14 day stop date for a psychotropic PRN (as needed) medication 1 resident (#83) of 5 residents reviewed.</p> <p>The findings include:</p> <p>Review of the facility policy, Psychotropic Medication Use, revised 11/2018 revealed "...If psychotropic medications are administered as PRN dosages repeatedly over several days, the Physician should discuss the situation with staff and evaluate the resident as needed to determine whether the use is appropriate and the symptoms are responding to the medication. PRN doses will require a 14 day script per federal guidelines..."</p> <p>Medical record review revealed Resident #83 was admitted to the facility on 5/6/19 with diagnoses which included Major Depressive Disorder, Anxiety Disorder, and Psychotic Disorder.</p> <p>Medical record review of the Quarterly Minimum Data set (MDS) dated 2/19/19 revealed Resident #83 had a Brief Interview of Mental Status (BIMS) score of 5 which indicated severe cognitive impairment.</p>	F 758	<p>On June 21, 2019 the administrator in-serviced the DON and ADON in-regards to the facility PRN Psychotropic Medication policy.</p> <p>The Director of Nursing or designee will monitor compliance with chart audits of PRN Psychotropic Medications weekly for 2 months and monthly for 4 months. Findings will be referred to the Quality Assurance Performance Improvement (QAPI) Committee for review and recommendations as needed. The Quality Assurance Performance Improvement Committee (QAPI) consists of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Social Service Director, Activities Director, and Dietary Director.</p>	7-3-19	

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F 758	Continued From page 2 Medical record review of the Physician Orders dated 4/2019 and 5/2019 revealed "...Trazadone (antidepressant) 25 MG (milligrams) PO (by mouth) BID (twice daily) PRN..." Medical record review of the 4/2019 Medication Administration Record (MAR) revealed Resident #83 received Trazadone 25 mg PO PRN for insomnia. Interview with the Nurse Practitioner (NP) on 5/30/19 at 3:09 PM in the conference room revealed, when asked if the resident was ordered Trazadone PRN for depression the NP stated "yes." Continued interview with the NP when asked if a stop date was added to an order when a PRN psychotropic medication is ordered confirmed "I missed it." Interview with the Director Of Nursing (DON) on 5/30/19 at 4:27 PM in the conference room stated "...we generally just call them [providers] if we see any discrepancies..." Continued interview confirmed the Trazadone 25 MG PO BID PRN did not have a stop date after 14 days.	F 758			
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.	F 812			

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F 812	<p>Continued From page 3</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility orientation training, medical record review, observation and interview 1 Certified Nurse Aide (CNA) failed to wear gloves when handling food for 2 (#7 and #27) of 17 residents observed.</p> <p>The findings include:</p> <p>Record review of the Orientation Training Inventory and All Staff In-Service Schedule revealed documentation of teaching infection prevention and food handling to all staff that included wearing gloves when handling food for residents.</p> <p>Medical record review revealed Resident #7 was admitted to the facility on 8/31/17 with diagnoses which included Hypertension (HTN), Depression, Gastro-esophageal Reflux, and Psychotic Disorder with Delusions.</p> <p>Medical record review of the Nursing Care Plan revised 5/20/19, revealed Resident #7 needed assistance with set-up for meals but fed herself at times.</p> <p>Medical record review of the Quarterly Minimum</p>	F 812	<p>On May 29, 2019 the Assistant Director of Nursing (ADON) re-educated C.N.A #1 on the proper handling of resident's food.</p> <p>On May 29, 2019 the Director of Nursing (DON) completed multiple meal observations and there were no residents effected.</p> <p>On July 3, 2019 the nursing staff were re-educated on the facility proper handling of residents' food by the Director of Nursing and Assistant Director of Nursing.</p> <p>The Assistant Director of Nursing or designee will monitor compliance with meal pass observation, weekly for 1 month, and monthly for 4 months. Findings will be referred to the Quality Assurance Performance Improvement (QAPI) Committee for review and recommendations as needed.</p>		7-3-19

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F 812	<p>Continued From page 4</p> <p>Data Set (MDS) dated 5/21/19 revealed Resident #7 required set-up assistance and supervision for meals.</p> <p>Medical record review revealed Resident #27 was admitted to the facility on 4/4/18 with diagnoses which included Alzheimer's Disease, HTN, Anxiety Disorder, Type 2 Diabetes Mellitus, Depression, and Pain.</p> <p>Medical record review of the Nursing Care Plan revised 5/23/19 revealed Resident #27 required set-up and cues with meals.</p> <p>Medical record review of the Admission MDS dated 4/29/19 revealed Resident #27 required set-up and supervision for meals.</p> <p>Observation of Resident #7 and Resident #27 on 5/28/19 at 12:42 PM sitting next to each other in the dining room revealed CNA #1 handled the hamburger buns with her bare hands while setting up the meals for Resident #7 and Resident #27.</p> <p>Interview with CNA #1 on 5/28/19 at 12:45 PM in the dining room when asked how food should be handled by staff for residents she replied "...I don't know, with clean hands..."</p> <p>Interview with the Director of Nursing (DON) on 5/30/19 at 12:50 PM in her office confirmed "...staff cannot directly handle food without gloves..."</p> <p>Interview with Assistant Director of Nursing (ADON), also know as the Infection Control Nurse, on 5/30/19 at 1:23 PM in her office</p>	F 812			

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F 812	Continued From page 5 confirmed "...staff are taught not to touch any of the food with their bare hands..."	F 812	On May 28, 2019 the hydration cart was completely disassembled and cleaned by the dietary manager.		7-3-19
F 880 SS=F	Interview with the Administrator on 5/30/19 at 1:25 PM in her office confirmed "...I expect staff to wear gloves when handling residents food..." Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other	F 880	On May 28, 2019 the Assistant Director of Nursing (ADON) completed an inspection of all resident hydration equipment and there were no residents effected. On May 28, 2019 the Administrator in-serviced the Dietary Manager on the cleaning and sanitizing equipment policy. On May 28, 2019 the dietary staff were re-educated on the facility cleaning process and schedule. The Administrator or designee will monitor compliance with compliance rounds, weekly for 1 months and monthly for 4 months. Findings will be referred to the Quality Assurance Performance Improvement (QAPI) Committee for review and recommendations as needed. The Quality Assurance Performance Improvement Committee (QAPI)		

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F 880	<p>Continued From page 6</p> <p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on facility policy review, facility procedure review, observation and interview the facility failed to maintain a clean and sanitary water dispenser</p>	F 880			

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F 880	<p>Continued From page 7 and ice scoop container.</p> <p>The findings include:</p> <p>Facility policy review, Ice Machines and Ice Storage Chests, dated 9/1/17, revealed "...keep ice scoop on a clean surface when not in use...clean and sanitize the tray and ice scoop daily..."</p> <p>Record review of the facility procedure, undated, revealed "...Daily: scrub all parts with warm soapy water. Use a good brush and clean thoroughly. Rinse thoroughly with fresh water and invert to air dry. Weekly: During the daily cleaning...dismantle the spout and carefully clean the entire assembly with warm soapy water. Use a good brush to clean all parts thoroughly. Rinse with fresh water and reassemble..."</p> <p>Observation on 5/28/19 at 12:40 PM of the water dispenser in the dining room revealed the water dispenser had a large amount of moist black material around the spigot, concentrated underneath the spigot. Continued observation revealed the drawer on the cart for the ice scoop had gray-brown dried material in the back bottom side of the drawer.</p> <p>Observation on 5/28/19 at 3:50 PM in the dining room revealed the water cart returned from the kitchen with the ice chest and water dispenser. Continued observation revealed moist black material remained around the spigot and gray-brown material remained in the scoop drawer.</p> <p>Interview with the Dietary Manager on 5/28/19 at 3:52 PM in the dining room confirmed "...that</p>	F 880			

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F 880	Continued From page 8 looks like mold [around spigot] and that looks like scum [in drawer]...housekeeping is responsible for cleaning them...maybe a couple times a week...we don't have a policy..." Continued interview with the Dietary Manager revealed the cart is used to pass ice water for residents rooms twice a day in the morning and evening, then stays in the dining room all day for refills as needed. Interview with the Administrator on 5/28/19 at 3:55 PM in the dining room confirmed "...that looks like mildew [around spigot] and that looks like dirt [in drawer]...I expect the Dietary department to keep it clean..."	F 880			

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E 000	Initial Comments An emergency preparedness survey was completed on 5/30/19 at Stoneridge Health Care, LLC. No deficiencies were cited under FED-E-1.00.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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 Administrator 6/21/19

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